

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2	1						
3		2					
4		2					
5		2					
6		2					
7		2					
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50							
TOTAL IND.		2					
TOTAL DEP.							
TOTAL CLAIMS		16					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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